

# PATENT APPLICATION FEE DETERMINATION RECORD

Effective 01/01/2000

## CLAIMS AS FILED - PART I

(Column 1) (Column 2)

|  |               |              |
|--|---------------|--------------|
| TOTAL CLAIMS   |               |              |
| FOR  | NUMBER FILED  | NUMBER EXTRA |
| TOTAL CHARGEABLE CLAIMS  | 15 minus 20 = |              |
| INDEPENDENT CLAIMS   | 1 minus 3 =   |              |
| MULTIPLE DEPENDENT CLAIM PRESENT <input checked="" type="checkbox"/> |               |              |

If the difference in column 1 is less than zero, enter "0" in column 2

## CLAIMS AS AMENDED - PART II

(Column 1) (Column 2) (Column 3)

|             |   |    |                                    |    |               |
|-------------|---|----|------------------------------------|----|---------------|
| AMENDMENT A | CLAIMS REMAINING AFTER AMENDMENT  |    | HIGHEST NUMBER PREVIOUSLY PAID FOR |    | PRESENT EXTRA |
|             | Total   | 15 | Minus                              | 30 | =             |
|             | Independent   | 1  | Minus                              | 3  | =             |
|             | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/> |    |                                    |    |               |

SMALL ENTITY TYPE ☒

OR OTHER THAN SMALL ENTITY

|           |     |
|-----------|-----|
| RATE      | FEE |
| BASIC FEE | 500 |
| X\$ 9=    |     |
| X40=      |     |
| +135=     |     |
| TOTAL     | 500 |

|           |     |
|-----------|-----|
| RATE      | FEE |
| BASIC FEE |     |
| X\$18=    |     |
| X80=      |     |
| +270=     |     |
| TOTAL     |     |

(Column 1) (Column 2) (Column 3)

|             |   |  |                                    |  |               |
|-------------|---|--|------------------------------------|--|---------------|
| AMENDMENT B | CLAIMS REMAINING AFTER AMENDMENT  |  | HIGHEST NUMBER PREVIOUSLY PAID FOR |  | PRESENT EXTRA |
|             | Total   |  | Minus                              |  | =             |
|             | Independent   |  | Minus                              |  | =             |
|             | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/> |  |                                    |  |               |

|                  |                 |
|------------------|-----------------|
| RATE             | ADDI-TIONAL FEE |
| X\$ 9=           |                 |
| X40=             |                 |
| +135=            |                 |
| TOTAL ADDIT. FEE |                 |

|                  |                 |
|------------------|-----------------|
| RATE             | ADDI-TIONAL FEE |
| X\$18=           |                 |
| X80=             |                 |
| +270=            |                 |
| TOTAL ADDIT. FEE |                 |

(Column 1) (Column 2) (Column 3)

|             |   |  |                                    |  |               |
|-------------|---|--|------------------------------------|--|---------------|
| AMENDMENT C | CLAIMS REMAINING AFTER AMENDMENT  |  | HIGHEST NUMBER PREVIOUSLY PAID FOR |  | PRESENT EXTRA |
|             | Total   |  | Minus                              |  | =             |
|             | Independent   |  | Minus                              |  | =             |
|             | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/> |  |                                    |  |               |

|                  |                 |
|------------------|-----------------|
| RATE             | ADDI-TIONAL FEE |
| X\$ 9=           |                 |
| X40=             |                 |
| +135=            |                 |
| TOTAL ADDIT. FEE |                 |

|                  |                 |
|------------------|-----------------|
| RATE             | ADDI-TIONAL FEE |
| X\$18=           |                 |
| X80=             |                 |
| +270=            |                 |
| TOTAL ADDIT. FEE |                 |

If column 1 is less than 0, enter "0" in column 2, write "0" in column 3.

If Number Previously Paid For IN THIS SPACE is less than 20, enter "20".

If Number Previously Paid For IN THIS SPACE is less than 3, enter "3".

If the Number Previously Paid For (Total or Independent) is the highest number found in the corresponding column.